

EXHIBIT 4

7D5238 2.000

TX2018 05-102
Ver. 9.0 (Rev. 9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions**Tcode 13196****Taxpayer number**

260129478

Report year

2018

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

 Blacken box if the mailing address has changed.

Taxpayer name INDEED, INC.

Mailing address 177 BROAD STREET - 4TH FLOOR

City STAMFORD

State CT

ZIP code plus 4

06901

Secretary of State (SOS) file number or
Comptroller file number Blacken box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 177 BROAD STREET - 4TH FLOOR STAMFORD CT 06901

Principal place of business 177 BROAD STREET - 4TH FLOOR STAMFORD CT 06901

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

0260129478018

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input checked="" type="checkbox"/> YES	m m d d y y
RONY KAHAN	CHAIRMAN		Term expiration
Mailing address 177 BROAD STREET 4TH FLOOR	City STAMFORD	State CT ZIP Code 06901	
Name LOWELL BRICKMAN	Title GENL COUNSEL	Director <input type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT ZIP Code 06901	Term expiration
Name DAVID O'NEILL	Title CFO	Director <input type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT ZIP Code 06901	Term expiration

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
PREIRE, INC.	DE		100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
RGF OHR USA, INC.	DE		100.000

Registered agent and registered office currently on file (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.
Agent: NATIONAL REGISTERED AGENTS INC.

Office: 1021 MAIN STREET, SUITE 1150 City HOUSTON State TX ZIP Code 77002

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here ►

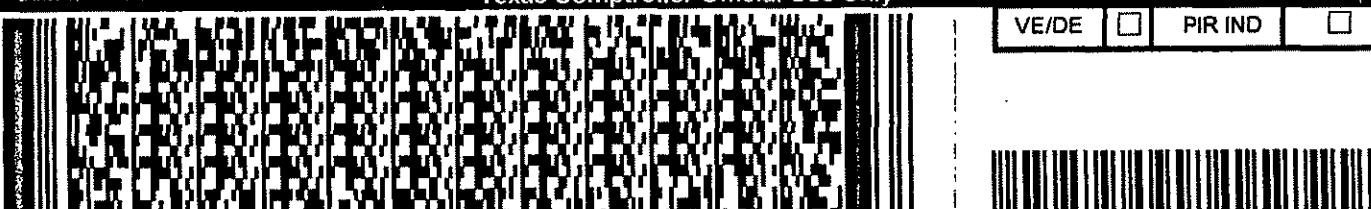
Title
CFO

Date

11/13/18

Area code and phone number
(203) 487-1579

Texas Comptroller Official Use Only

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Name	Title	Director	m m d d y y
HISAYUKI IDEKOBA	CEO	<input checked="" type="checkbox"/> YES	Term expiration
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT ZIP Code 06901	
Name DOUG GRAY	Title SRVP	<input type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT ZIP Code 06901	
Name PAUL WOLFE	Title SRVP	<input type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT ZIP Code 06901	

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Agent: You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

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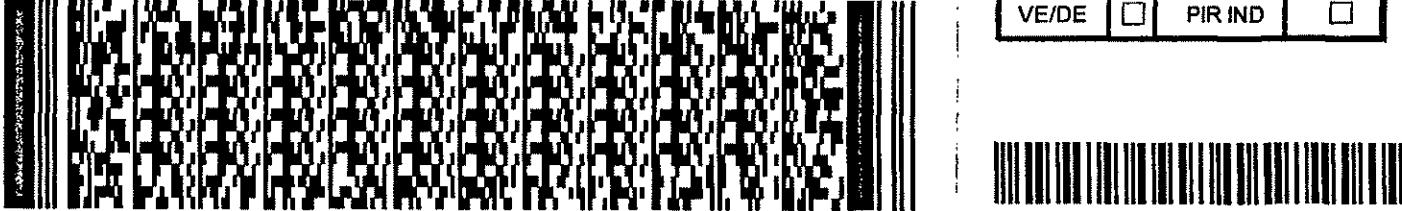
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sign here  Title COO Date 11/13/18 Area code and phone number

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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Name	Title	Director <input type="checkbox"/> YES	m m d d y y
ANDREW HUDSON	OTHER		Term expiration
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD		State CT ZIP Code 06901
Name	Title	Director <input type="checkbox"/> YES	m m d d y y
RAJATISH MUKHERJEE	SRVP		Term expiration
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD		State CT ZIP Code 06901
Name	Title	Director <input type="checkbox"/> YES	m m d d y y
HIROAKI OGATA	SRVP		Term expiration
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD		State CT ZIP Code 06901

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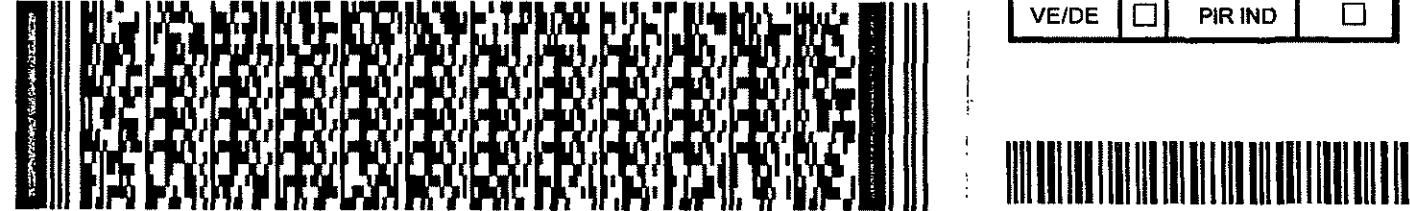
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sign here ►	Title COO	Date 11/13/18	Area code and phone number
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS



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TAKASHI NISHIMURA	DIRECTOR	Term expiration	
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
Name	Title	Director <input type="checkbox"/> YES	m m d d y y
MICHELE WATSON	SRVP	Term expiration	
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
Name	Title	Director <input type="checkbox"/> YES	m m d d y y
Mailing address	City	Term expiration	

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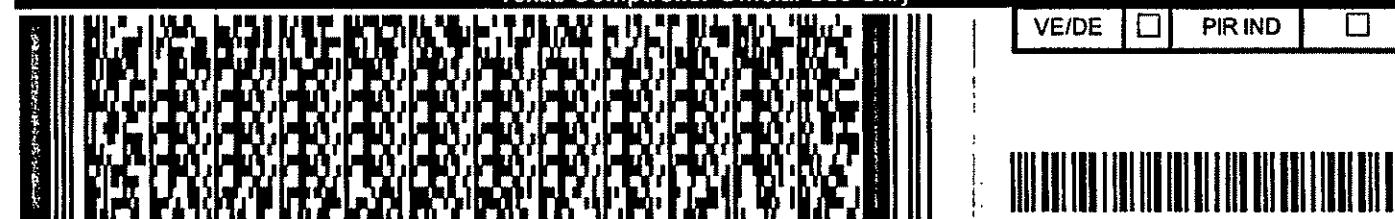
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sign here ►	Title <i>CDO</i>	Date <i>11/13/18</i>	Area code and phone number

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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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